

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NOS.:	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO JUVENILE COURT <input type="checkbox"/> 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792 <input type="checkbox"/> 325 S. MELROSE DR., VISTA, CA 92083-6634 <input type="checkbox"/> 500 3RD AVE., CHULA VISTA, CA 91910-5649 <input type="checkbox"/> 250 E. MAIN ST., EL CAJON, CA 92020-3941		
In The Matter of		
A Minor		
PETITION TO VIEW RECORDS AND/OR REQUEST FOR COPIES (W I Code 827; CRC 1423, Superior Court Rules, Division VI, Rules 6.63 & 6.64)		PETITION NO.:

I petition the court for permission to inspect the above case file. My relationship to the case is _____

My reason for this petition is as follows:

I also request the following copies be made:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Name (please print)

Next Hearing Date: _____

Signature

ORDER

Petition to view is:

_____ Granted _____ Denied

Request for copies is:

_____ Granted _____ Denied

Date: _____

Judge/Referee